

Department of Children and Families

Budget Revision Request Summary and Instructions

Please complete the following summary information:

Date:

Provider Legal Name:

DCF Service Type:

Program Name:

Contract Number:

Annual Budget Period:

Contact Person:

Phone Number:

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Approved By: _____ ***Date:*** _____

Denied By: _____ ***Date:*** _____

General Instructions for Filing a Budget Revision Request

- A budget revision is required when there are proposed adjustments to income amounts, or changes to expenditures in the current approved budgeted line items, that exceed the allowable variance as stated in the DCF Human Services Contract, Part II, Section B, No.5.
- A budget revision request may be submitted at anytime throughout the fiscal year, however, final budget revision requests must be submitted to DCF **no later than March 31 of the state fiscal year and June 30 of the federal fiscal year. If budget modifications are required beyond March 31, written approval from the DCF Program Quality Coordinator must accompany the Budget Revision Request. This final revision may be submitted with the yearend fiscal report by September 30.** Budget revisions affecting the period July-Feb (SFY) will not be accepted after March 31.
- Budget revision requests will be accepted when submitted as a hard copy, or electronically. Electronic submission is preferred. All applicable forms are available on the following web site: www.dcfssa.state.ct.us, click the Contract Management link. ***Please submit documents to: DCF.CONTRACTMANAGEMENT@po.state.ct.us***

Components of a Complete Budget Revision Request

A complete budget revision request must include the following components:

- A completed **Budget Revision Request Summary** form for each program being revised.
- One **Budget Revision Form** for each program, indicating the current approved budget figures, proposed change amount(+/-), the revised budget figures and **a detailed narrative explaining the rationale for each line item change.**
- One revised Consolidated Budget.
- When submitting multiple revision requests electronically, please submit as separate file names. ***Do not try to add pages to the Budget Revision Request Summary Word Document.***

Instructions for Completing the Budget Revision Form

1. The Budget Revision Form consists of 7 pages; Page 1- 100A Direct Service Salaries, Page 2- 100B Administrative Salaries, Page 3- Salary Totals and the 200 series, Page 4- 300 and 400 series, Page 5- 500 – 700 series, Page 6- 800 series and Grand Total Expenses for the 100 – 800 Series, Page 7- the Income Source Statement.

Note: Additional pages may be necessary for salary changes.

2. Complete the Current Approved Budget Total Column and Revised Budget Total Column for each budget line item being adjusted. The Proposed Change (+/-) Column will automatically calculate the change amount. Note: Cells shaded in yellow require data entry and all other cells will auto fill.
3. Complete the “Detailed Narrative/Explanation” column for every line item being revised. The narrative should explain in detail, the rationale for the change. (Note: text will wrap in the cell)
4. Page 1- Complete Agency name, Program name, Contract # and Budget Period. Indicate any direct service salary changes by indicating the employee name, position title, hours, current approved budget total, proposed change amount (calculates automatically) and the revised budget total. Complete the Detailed Narrative/Explanation column. The narrative should clearly explain the reason for the change.
5. Page 2- Administrative Salaries- follow the same instructions in #3.
6. Page 3- 100A and 100B totals will automatically carry forward. Indicate any line item changes for the 200 series by completing the Current Approved Budget Total Column and the Revised Budget Total Column. Remember- the Proposed Change Column will auto fill. Complete the Detailed Narrative/Explanation column.
7. Pages 4 – 6 Follow the same instructions above for the 300 – 800 series. On page 6, the Grand Total Expenses for the 100 – 800 series will automatically carry forward.
8. Page 7 – Indicate any line item changes for Income Sources by completing the Current Approved Budget Total Column and the Revised Budget Total Column. Proposed Change Column will auto fill. **NOTE: DCF awarded funds should never change via “Budget Revision”. Any changes in DCF awarded funds would constitute an “Amendment” to the contract.**

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Fiscal Review Form

Date:	
Reviewer Name:	
Provider Legal Name:	
DCF Service Type:	
Program Name:	
Annual Budget Period:	

**Expense
Category #**

Comments

FOR DCF USE ONLY

Program Review Form

Date:	
Reviewer Name:	
Provider Legal Name:	
DCF Service Type:	
Program Name:	
Annual Budget Period:	

**Expense
Category #**

Comments